

**APPENDIX 10**  
**GENERAL CONSULTANT GUIDELINES FOR PRIOR AUTHORIZATION OF**  
**MEDICAL DAY TREATMENT SERVICES**

1. The target population for extended day treatment services are the chronically mentally ill (CMI) or those that have an acute exacerbation of a chronic mental disorder (supported by diagnosis and narrative summary).
2. Diagnostic limitations (DSM-III-R) for medical day treatment services are:
  - a. Acceptable diagnoses
    - Certain Psychoses - 295 (Schizophrenic Disorders), 296 (Affective Psychoses), and 298 (Other Nonorganic Psychoses).
    - Other Disorders - 301 (Personality Disorders) and 311 (Depressive Disorder, not elsewhere classified).
  - b. Possible diagnoses (with careful scrutiny) - 300 (Neurotic Disorders), usually limited to 300.11, 300.3, 300.4, 300.81, and 300.9 (the narrative must document interference in life functioning).
  - c. All other diagnoses are deemed inappropriate for medical (generic) day treatment (i.e., 290-294, 297, 299, 302-310, 312-316). An explanation must be documented and may be approved at the consultant's discretion.
3. The request must include a Functional Assessment, completed within three months of the request's internal control number (ICN) date. Requests not meeting this criteria should be returned to the provider. (Refer to HSS 107.13(4)(b)f, Wis. Admin. Code, for more information.)
4. A recipient must have at least a 50 percent likelihood to benefit from day treatment in order to qualify for Medical Assistance reimbursement, as indicated in the Functional Assessment.
5. The recipient must be 18 years of age or older to qualify for day treatment services covered by these guidelines.
6. Those recipients suffering from acute mental illness (AMI) or a mild mental disorder (i.e., by diagnosis and history are not suffering from a chronic malady) are generally eligible for hours of treatment preceding the prior authorization threshold. Additional hours may be approved at the consultant's discretion.
7. A recipient with 317 (Mental Retardation) as the only or as the primary diagnosis is not eligible for day treatment services.
8. A recipient whose I.Q. is 65 or less is not ordinarily eligible for day treatment services. The consultant may approve treatment if there is documentation that the recipient would be able to benefit from a treatment program meeting all other requirements for day treatment.
9. A recipient who, according to the documentation submitted, is currently abusing alcohol or other drugs is generally not eligible for medical day treatment services. Day treatment may be approved at the consultant's discretion if evidence of concurrent AODA treatment is presented. However, no intensive outpatient AODA and day treatment may be approved concurrently.

10. A recipient who, by narrative description, is primarily a victim of parental/relationship alcoholism, drug abuse, physical abuse, sexual abuse, or incest, is not generally eligible for generic day treatment services.

The consultant may approve treatment if there is documentation that the recipient would be able to benefit from a treatment program meeting all other requirements for day treatment.

11. A recipient who, by narrative description, has an identified eating disorder, sexual addiction, or other compulsive/addictive malady, is not generally eligible for generic day treatment services.

The consultant may approve treatment if there is documentation that the recipient would be able to benefit from a treatment program meeting all other requirements for day treatment.

12. The following categories with hour and time limitations, along with consultant knowledge of the recipient's needs, provider and program offered, are to be used in deciding authorization for the target populations. (Refer to numbers 1 and 2 above.)

- a. Rehabilitation: This category is used for all of the target day treatment population who may benefit by intensive day treatment. Recipients believed to be in this category would receive, at the consultant's discretion, the following:

- Threshold hours;
- One authorization extension for six months (if requested) of up to 25 hours per week; and
- Two additional authorization extensions of 10 to 25 hours per week for three months, IF and only IF:

- 1) Improvement is shown in the Functional Assessment scores (i.e., LOF and COF);
- 2) A plan is developed to transfer the recipient to ongoing community support, vocational rehabilitation, therapeutic living arrangement, etc.;
- 3) There is evidence this process will be completed within one year (e.g., indicated by termination date, previous performance, rehabilitation potential, and narrative history); and
- 4) The narrative indicates that, in the judgement of the provider, rehabilitation potential is "good," or better.

- b. Maintenance: This category is for those recipients who, by diagnosis and history, are suffering from a chronic mental disorder as indicated by diagnosis, signs of illness for two or more years, and past intensive day treatment has already been tried for six months, or more with no apparent change in Functional Assessment, or narrative history. The major goal of treatment here is to maintain the individual in the community, and prevent hospitalization. Recipients in this category would receive, at the consultant's discretion, the following:

- Authorization extension for 1 to 6 hours per week, for as long as needed (extension length up to 12 months, or the remainder of the calendar year, if requested).
- Authorization extension may also be granted for 6 to 10 hours per week, for 3 to 12 months (or the balance of the calendar year), depending on the recipient's needs, consultant knowledge of the provider, and the provider's day treatment program.

- c. Stabilization: This category is for those recipients in the target population who decompensate or have an acute exacerbation of a chronic condition. The goal in this category is to "increase structure," stabilize the recipient, and prevent harm to self or others, and prevent hospitalization.

Decompensation would be indicated by a recent hospitalization (i.e., within the last 30 days) or other acceptable signs of clear deterioration in level and course of functioning. The recipient in this category would receive, at the consultant's discretion, the following:

- Initially an extension of up to 25 hours per week, for a single three-month period.
- Following this, one extension returning to maintenance level (1-10 hours per week), unless rehabilitation potential is clearly demonstrated.

13. Other general considerations for determining medical day treatment hours and eligibility are, at the consultant's discretion, as follows:

- a. The Level of Functioning score (LOF) must be between 3 and 12 to be eligible for day treatment.
- b. The Course of Functioning score (COF) must be between 5 and 12 to be eligible for day treatment.
- c. If the COF is greater than 12, then the risk of hospitalization needs to be at least 75 per cent to be eligible.
- d. If the recipient is in a therapeutic or supportive working and living arrangement (i.e., CBRF, sheltered workshop, group home, foster home, or intact family), then fewer hours are indicated for day treatment.
- e. Discharge from one day treatment program to a vocational rehabilitation (sheltered workshop) setting prohibits another intensive day treatment series, unless other criteria are met.
- f. A recipient who is involved in primary Alcohol and Other Drug Abuse Treatment (AODA) is not generally eligible for medical day treatment services. However, if the recipient has completed primary AODA treatment and is in an after-care service, he or she is eligible for concurrent medical day treatment, at the consultant's discretion. The hours granted would generally fall into the Maintenance category.
- g. The following activities are not covered as medical day treatment hours: meal times, rest periods, transportation, recreation, entertainment, and off-site visits and activities.